

STATE OF MICHIGAN COUNTY OF CALHOUN PROBATE COURT	NOTIFICATION OF RETURN TO HOSPITAL AND RIGHT TO OBJECT	File No.:
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In the Matter of

- Pursuant to the provisions of the order allowing a psychiatrist to order the return of the patient to the hospital, I make this notification as
 - ☐ the psychiatrist.
 - ☐ a representative of the agency supervising the individual's alternative/assisted outpatient treatment program.
- There remain _____ days of hospitalization under the last order. The individual needs immediate hospitalization.
- The patient is being returned to the hospital for the following reasons:

Date

Signature

Title

Business Address

Hospital/Agency

City, State, Zip

Phone

Patient's Acknowledgment of Return to Hospital

I acknowledge that I have been notified of my right to object to my return to the hospital.

☐ I object to hospitalization.

☐ I do not object to hospitalization.

Date

Signature

Proof of Service

A copy of this notice and acknowledgment was faxed to the court on this date.

Date: _____

Signature